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Consequences of Workplace Bullying From Nurses' Perspectives: A Qualitative Descriptive Study in Iran

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ABSTRACT

Aim: The aim of this study is to explore Iranian nurses' experiences regarding the consequences of bullying.

Design: A qualitative descriptive study is carried out using conventional content analysis and Granheim and Lundman's method.

Methods: Data for this study were collected through 12 in-depth, semi-structured individual interviews with nurses employed at a teaching hospital in REDACTED, western Iran. Purposeful sampling was employed until data saturation was achieved. Data management was conducted using MAXQDA software.

Results: The participants consisted of 12 nurses, with a mean age of 36.1 ± 8.6 years. Their experiences of workplace bullying were analysed and categorised into a main theme called 'Consequences of Workplace Bullying', with two categories identified as 'Organisational Consequences' and 'Individual Consequences'. The organisational consequences were further elaborated through two subcategories: 'work performance consequences' and 'patient care consequences'. The individual consequences category included subcategories including 'psychosomatic consequences', 'psychological consequences' and 'family consequences'.

Conclusion: Workplace bullying among nurses can have negative impacts on patients, nurses and organisations. In order to mitigate these effects, nurse managers can take proactive measures by implementing management strategies and fostering a positive work culture. By addressing the underlying factors and promoting a supportive environment, the adverse consequences of workplace bullying can be reduced or prevented.

Patient or Public Contribution: Yes.

1 | Introduction

Moral harassment is a serious issue within the nursing field, posing a significant threat to the well-being of healthcare professionals (Leite, Silva, and d. 2022). This form of ethical violence encompasses various psychological and social dimensions (Hagopian and Fernandes de Freitas 2019). It manifests through derogatory words, actions or behaviours, leading to the development of illnesses and psychological harm among professionals in this domain, while jeopardising their performance in the workplace. Perpetrators of such aggression exploit the vulnerabilities of their victims, undermining their self-confidence (Sousa et al. 2021). Bullying, a type of moral harassment, has been a persistent global problem within the nursing community for several decades (Attia, Abo Gad, and Shokir 2020; Hartin, Birks, and Lindsay 2020). Studies indicate that nurses are at a higher risk of experiencing workplace bullying compared to professionals in other fields, given the nature of their profession and the high levels of daily human interactions

they engage in (Shorey and Wong 2021). Bullying is defined as intentional, targeted, systematic, repeated, negative and oppressive behaviour within a bilateral relationship, resulting in evident or concealed harm to the targeted individual (Alizadeh, Jafari, and Araghian Mojarad 2021). Workplace bullying can manifest in various forms, including undermining professional identity and performance (e.g., undervaluing professional qualifications and excessive work supervision), degrading social experiences within the workplace (e.g., excessive ridicule, insulting remarks and social exclusion) and exhibiting aggressive behaviours (Trépanier et al. 2021). In a review study that examined 79 primary studies from 24 countries worldwide, it was reported that 81% of nurses experience workplace bullying in their profession (Bambi et al. 2018). Similarly, a study conducted in China found that over 50% of the 257 surveyed nurses had experienced bullying (Peng et al. 2022). In Iran, a study reported a prevalence rate of 75% for bullying among nurses in hospitals (Amini, Miyanaji, and Din Mohamadi 2023).

Various factors contribute to the bullying of nurses, including individual, work environment and work-related factors. Individual factors among nurses include narcissism and lack of maturity (Havaei et al. 2020), while environmental and organisational culture factors encompass values, customs, labour laws and common practices (LaGuardia and Oelke 2021). Work-related factors that can contribute to bullying among nurses include job demands, support, work control, work experience, educational differences, patient rights and weak leadership (Yosep, Hikmat, and Mardhiyah 2022). Previous studies investigating the perpetrators of bullying incidents in the nursing profession indicate that supervisors (40.7%), managers (22%), colleagues (43%), patients (71%) and patient families (47%) were identified as the main sources of bullying (Chatziioannidis et al. 2018).

Workplace bullying has significant negative impacts on the mental and physical health of individuals (Green 2021; Lee et al. 2022). Nurses who experience bullying may exhibit psychological stress symptoms such as irritability, depression, anxiety, fatigue, loss of self-confidence and self-esteem and an increased use of tobacco, alcohol and other substances (Colaprico et al. 2023). They may also report post-traumatic stress disorder symptoms and suicidal thoughts (Yosep, Hikmat, and Mardhiyah 2022). Victims of bullying may also experience a range of psychosomatic complaints, including sleep disorders, headaches, backaches, stomachaches, dizziness, increased blood pressure and angina (Colaprico et al. 2023; Goh, Hosier, and Zhang 2022). Additionally, nurses who have experienced harassment have been found to have a higher risk of developing chronic diseases and higher body mass index (BMI, Bambi et al. 2018).

Furthermore, workplace bullying has pervasive negative effects on the entire organisation. It diminishes job satisfaction and organisational commitment, reduces productivity and interaction and increases the likelihood of nurses leaving or changing jobs (Xia et al. 2023). Many nurses ultimately resign or abandon their nursing careers due to the intolerable culture of bullying (Blackstock et al. 2015). The consequences of workplace bullying in the nursing profession have a significant impact on the quality of patient care (Arnetz et al. 2020; Johnson and Benham-Hutchins 2020). Research indicates that bullying can contribute to adverse events, such as patient falls and medication errors (Schoville and Aebersold 2020), delayed treatment, patient side effects and even patient mortality. Moreover, bullying is associated with reduced patient satisfaction and an increase in patient complaints (Al Omar, Salam, and Al-Surimi 2019; Houck and Colbert 2017). These consequences highlight the importance of addressing workplace bullying in healthcare organisations to ensure the well-being of individual employees, the functioning of the organisation and the safety of patients under care (Laschinger 2014).

In Iran, there is limited research on the consequences of bullying in the nursing profession, and most studies have been quantitative in nature. It is important to understand that the experiences of victimised nurses may vary across different clinical and organisational contexts. Conducting qualitative research to explore the experiences of nurses who have been subjected to bullying can provide valuable insights for planning interventions to combat workplace bullying. Therefore, this qualitative study aims to investigate the experiences of Iranian nurses regarding the consequences of workplace bullying. The findings of this study can be utilised by healthcare policymakers to implement necessary measures to manage the negative outcomes of bullying and work towards eliminating workplace bullying in the nursing profession.

2 | Methods

2.1 | Study Design

The current study is a qualitative descriptive study (Doyle et al. 2020) that was conducted from January 24, 2023 to July 22, 2023. The data analysis employed a conventional content analysis method, which involved coding the categories directly and inductively derived from the raw data. The researchers fully engaged with the data to facilitate the emergence of new insights. The conventional approach offers the advantage of obtaining direct information from participants without imposing predetermined categories or theoretical perspectives (Shava et al. 2021).

2.2 | Participants and Sampling Method

The study was conducted in a specialised hospital located in western Iran. Purposeful sampling was initially employed, and data collection continued until data saturation was reached. The criteria for selecting participants included having a bachelor's degree or higher in nursing, possessing at least 1 year of clinical work experience, and expressing willingness to participate in the study. The sample size was determined based on data saturation, which is achieved when no new ideas or information emerge from the data, indicating that thematic saturation has been reached (Hennink and Kaiser 2022). In this particular study, data saturation occurred after the 12th interview.

2.3 | Data Collection Method

Data for this study were collected through face-to-face, in-depth, semi-structured interviews conducted at a teaching

hospital. The interviews aimed to gather participants' experiences and insights regarding bullying in nursing. Guiding questions were utilised to direct the interviews, including inquiries about participants' experiences with bullying, the consequences of bullying on patients, the consequences of bullying on healthcare centres and the consequences of bullying on nurses. Throughout the interviews, the interviewer also used prompts such as 'why' and 'how' to further explore and clarify participants' responses.

To select participants, the researcher visited various departments within the hospital and purposively chose individuals who met specific criteria. The location and timing of the interviews were then determined in agreement with the participants. The interviews were conducted individually in a quiet environment, with each session lasting between 30 and 50 min. All interviews were conducted in a single stage, without the need for repetition. The researcher made efforts to engage participants and guide the interviews effectively, ensuring that they remained focused on the research objectives. The interviewer aimed to avoid any verbal or non-verbal biases and provided participants with the freedom to express their thoughts and experiences. The interviewer suspended their own views on the study topic. All interviews were conducted by the first author, a 34-year-old female doctoral nursing student, under the supervision of two nursing professors who possessed expertise in qualitative research methods (the second and third authors of the current article).

2.4 | Data Analysis

The data analysis followed the conventional content analysis approach proposed by Graneheim and Lundman (2004). The process of data collection and analysis occurred simultaneously. Each interview was transcribed verbatim and reviewed several times to develop an overall understanding of participants' statements. Meaningful units within the data were identified, and appropriate codes were assigned to each unit, aligning with the research objective. Initial codes were then categorised and named based on conceptual similarities, leading to the development of subcategories. Subsequently, the subcategories were compared, and categories were formed. The MAXQDA software was utilised for data management during the analysis process.

Some strategies considered in this research to prevent bias included not using words that could cause bias, asking general questions initially, asking sensitive questions at the end, using indirect questions rather than direct ones, remaining neutral during the interview process, asking different questions using varied wording and interpreting data with a clear mind. To validate the coding process, codes, categories and subclasses were sent to some nurses outside the study, and they confirmed the process.

2.5 | Trustworthiness

To ensure the rigour of the study, Lincoln and Guba's criteria were utilised (Enworo 2023). The credibility of the study was assessed through the researchers' long-term involvement in the research process, establishing rapport and trust with participants, employing accurate and reliable data collection methods and verifying the obtained information with participants. Dependability was ensured by precisely repeating the data collection and analysis stages and incorporating feedback from relevant individuals. Confirmability was achieved through peer debriefing with university faculty experts, who provided additional insights and perspectives. To enhance transferability, the study results were shared with three nurses, and the alignment between the findings and their experiences was examined and confirmed.

2.6 | Ethical Considerations

This study received approval from the Ethics Committee of REDACTED University of Medical Sciences under the code REDACTED. Written informed consent was obtained from all participants after explaining the objectives of the study. Prior to conducting the interviews, participants were asked for permission to audio record and take notes. Participants were assured of the confidentiality of their personal information and statements.

3 | Result

In this study, a total of 12 participants took part, with a mean age of 36.1 ± 8.6 years and a mean job experience of 12.8 ± 8.1 years. The participants' educational backgrounds consisted of eight individuals with a bachelor's degree in nursing and four individuals with a master's degree in nursing. The majority of participants were female ($n = 7$), and half of them were single ($n = 6$) (Table 1).

Following the data analysis, the researchers identified one main theme, two main categories and five subcategories. The main theme of the study focused on the consequences of workplace bullying. The extracted codes were grouped into two main categories: 'organisational consequences' and 'individual consequences'. The category of organisational consequences consisted of two subcategories: 'work performance consequences' and 'patient care consequences'. Additionally, the category of individual consequences included three subcategories: 'psychosomatic consequences', 'psychological consequences' and 'family consequences' (Table 2).

3.1 | Organisational Consequences

One of the main concepts extracted from the data was organisational consequences, which included two subcategories: work performance consequences and patient care consequences.

3.1.1 | Work Performance Consequences

The occupational consequences of bullying manifested as tendencies to leave the job, transfer and resign, occupational burnout, lack of job motivation, negative and pessimistic attitudes toward the job, complex of committing bullying behaviours, reduced efficiency, loss of focus, defects in teamwork and an experienced harassing work environment.

Bullying had caused nurses to think about leaving their own jobs or transferring to other wards or other hospitals. One participant stated in this regard: 'An event happened to me that was not my fault; I had told the student that I was injecting the patient's medication myself, and the student did not realize and injected the medication again. Her instructor came and scolded me a lot and shouted at me. At that moment I felt destroyed and I thought I should look for another job and resign' (Participant 11).

Another participant spoke about the harassing work environment: 'Many times I do not come to work with an open and relaxed mind, I feel like I'm entering hell because I know what's waiting for me. All these bullying have caused the work I do for patients to be with agony and pressure, I am always frowning and ill-tempered during shifts, or I have contact with colleagues and managers' (Participant 4).

TABLE 1 | Demographic characteristics of participants.

Variables	*n* (%)
Gender	
Male	5 (8.3)
Female	7 (91.7)
Age, Year (Mean ± Standard deviation)	36.1 ± 8.6
Job experience, Year (Mean ± Standard deviation)	12.8 ± 8.1
Marital status	
Married	6 (50.0)
Single	6 (50.0)
Education	
Bachelor of Science	8 (66.7)
Master of Science	4 (33.3)
Workplace	
Emergency department	4 (33.3)
Intensive Care Unit	3 (25)
Cardiac care unit	1 (8.3)
Cardiac ward	2 (16.7)
Post-cardiac catheterisation laboratory	1 (8.3)
Neonatal intensive care unit	1 (8.3)

Participants believed that being placed in bullying work environments affects their interactions with colleagues. One participant spoke about disrupting relationships with colleagues and disinterest: 'One of the other effects of bullying is disrupting relationships. Due to bullying, the intimate relationship between colleagues fades. Disinterest in work and the work environment is another effect of bullying that may make the person not want to come to work for a few days or even force him/her to change departments or become completely pessimistic about nursing altogether' (Participant 2).

3.1.2 | Patient Care Consequences

Participants expressed that bullying negatively affects their ability to provide care to patients and compromises the quality of care, posing a risk to patient safety. This aspect manifests as delayed service delivery, insufficient time for comprehensive patient assessment, fostering distrust in patients, weak patient–provider communication, occurrence of care errors, jeopardising patient safety and a decrease in the quality of patient care. One participant stated: 'In my opinion, the most significant consequence of bullying is the reduction in the quality of nursing care activities, especially when such incidents occur at the beginning of a shift. The nurse loses focus and becomes distracted, potentially failing to provide appropriate care to the patient. This lack of concentration can also lead to nursing errors, particularly during medication administration, posing a risk to patient safety' (Participant 2).

Another extracted central concept from the data was the individual consequences, which were categorised into three subcategories: psychological consequences, psychosocial consequences and familial consequences.

3.2 | Individual Consequences

3.2.1 | Psychosomatic Consequences

Nurses' experience of workplace bullying leads to physical strain and the occurrence of physical reactions such as bodily pain, gastrointestinal disorders, sleep disturbances, fatigue, facial muscle tremors, hand tremors, palpitations, heightened arousal and susceptibility to autoimmune diseases. Some participants mentioned sleep disorders as a consequence of workplace bullying, followed by the use of sedative pills. One participant expressed their experience as follows: 'In the beginning, nursing and working with patients were very enjoyable for me, but

TABLE 2 | Main theme, categories and subcategories related to nurses' perspectives on the consequences of workplace bullying.

Main theme	Categories	Subcategories
Consequences of workplace bullying	Organisational consequences	Work performance consequences|
		Patient care consequences
	Individual consequences	Psychosomatic consequences
		Psychological consequences|
		Family consequences|

now things have changed significantly. When I'm on shift and being pressured by patients, doctors and supervisors, it disrupts my nighttime sleep. I have developed sleep problems for several years now, and I have to take Zolpidem pills every night to be able to sleep' (Participant 6).

Other participants also described the psychosomatic consequences of bullying: 'When I find myself in a bullying situation, I become nervous and aggressive. My anxiety intensifies to the point where I feel facial tics, and I wear a mask to hide it from others. I feel a pain in my chest. By the end of such a day, I become tired, exhausted and disinterested' (Participant 5).

3.2.2 | Psychological Consequences

Workplace bullying can lead to psychological harm in individuals. Participants frequently mentioned the psychological effects of workplace bullying, including loss of self-confidence, stress and anxiety, isolation and feelings of loneliness, mental preoccupation, turmoil, depression, feelings of frustration, nervousness, fear and loss of peace of mind. Some participants mentioned the mental preoccupation of nurses as a consequence of bullying. One participant expressed their experience as follows: 'I can't tolerate these abusive behaviors at all. Instead of coming to work motivated, I come with distress. I have such a mental preoccupation that I don't have peace of mind, and my thought processes become disrupted, affecting my ability to concentrate' (Participant 11).

3.2.3 | Family Consequences

Workplace bullying can have an impact on individuals' family lives. Participants frequently mentioned the negative effects of bullying on their family lives. These effects included withdrawal at home, arguments with spouses and children, imposing stress on the family and anxious children as the most commonly experienced consequences mentioned by the interviewees. One participant described the effects of bullying on their spouse and children as follows: 'At times, I become very withdrawn at home, and sometimes I become extremely aggressive. Family problems and emotional issues arise in nurses' families. Most of my family problems are work-related and caused by workplace bullying. I have seen the effects on my children. They become anxious and bite their nails' (Participant 11).

Another participant mentioned their aggression towards family members: 'My personal life is heavily affected. I become so irritable that I get provoked by the smallest things and engage in verbal arguments with my spouse. I lost my temper with my child. All of these are due to the stress resulting from bullying behaviors in my work environment' (Participant 6).

4 | Discussion

This study aimed to explore the experiences of Iranian nurses regarding the consequences of workplace bullying. The results revealed that workplace bullying has a significant negative impact on the physical and mental health of nurses, as well as on the organisation and patients. Previous studies have consistently shown that bullying in the nursing work environment adversely affects work performance, productivity and various aspects of nurses' health, well-being and patient safety (Goh, Hosier, and Zhang 2022; Lee et al. 2022). In line with these findings, the current study found that nurses mentioned leaving their jobs, experiencing job burnout and losing interest and motivation as consequences of bullying in the workplace. It is important to highlight that nurses who experience bullying behaviours are more inclined to express an intention to quit their job (Al Muharraq, Baker, and Alallah 2022) or leave their organisational unit (Høgh et al. 2021). Nurses who tolerate bullying behaviours may also experience a loss of interest in their job (Amoo et al. 2021), burnout, loss of a sense of duty in their work, and a loss of work motivation (Manookian et al. 2019). Witnessing a lack of trust and support among nurses, as well as the prevalence of bullying within the nursing profession, can lead victims of bullying to develop reduced enthusiasm for their profession and experience burnout (Condie 2016; Rosi et al. 2020). Research indicates a direct and significant relationship between bullying and job burnout (João, Vicente, and Portelada 2022). Nurses who suffer from job burnout often experience increased anxiety and decreased empathy and sensitivity (Duarte and Pinto-Gouveia 2017), which can impair their ability to interact effectively with patients and colleagues (Anusiewicz et al. 2020). Job burnout has multiple negative impacts on professional performance, quality of care and patient safety (Ryu and Shim 2021). To address job burnout and the intention to transfer resulting from bullying experiences, it is essential to establish mechanisms such as periodic and systematic monitoring, an active intervention system, the development of guidelines for reporting bullying cases, holding staff accountable for bullying behaviours and addressing and correcting instances of bullying.

In the present study, nurses reported experiencing disruptions in concentration and ineffective communication. This aligns with the existing evidence demonstrating that workplace bullying has a detrimental impact on the mental state of nurses, leading to a decline in their nursing performance and their ability to seek help, engage in effective and timely communication and exercise clinical judgement. Consequently, nurses may face challenges in providing safe and effective patient care (Goh, Hosier, and Zhang 2022).

Nurses who have experienced harassment may hesitate to seek assistance from their colleagues in critical situations, such as the transfer of critically ill patients or the use of unfamiliar equipment. This reluctance puts patient lives at risk (Wilson and Phelps 2013). This finding emphasises the crucial importance of effectively managing and addressing bullying behaviours within the nursing work environment.

The results revealed that some participants were compelled to resign due to the pressure of a negative work environment and bullying behaviours. In a study conducted by Farrell, Bobrowski, and Bobrowski (2006), it was reported that 24% of respondents had contemplated resigning within the previous 4 weeks of work. Such resignations exacerbate the existing workforce and patient care needs, further exacerbating the nurse shortage. The shortage of nurses itself contributes to an

increase in bullying and incivility, thereby creating a negative cycle that poses additional challenges in recruitment and staff retention (Townsend 2012).

Participants also mentioned retaliatory confrontations and engaging in similar bullying behaviours as consequences of bullying. In a qualitative study, participants explained that when experienced nurses bully new recruits, those new recruits may eventually adopt similar bullying behaviours in their workplace after a few years (Alswaid 2014). This suggests that victims retaliate to uphold their social identity and self-esteem, resorting to the same or even more severe acts of bullying (Manookian et al. 2019). Therefore, nursing organisations must cultivate a supportive nursing culture that encourages nurses to express their experiences of workplace bullying and the distress it causes, while also establishing communication channels to provide support.

Participants recognised care as the central component of nursing activities and identified a decrease in care quality as a significant consequence of bullying. Research indicates a link between workplace bullying and a decline in care quality (Lee et al. 2022). In a study conducted by Hajibabaee et al. (2020) in Iran, an inverse and significant relationship was observed between nearly all dimensions of nursing workplace bullying and dimensions of nursing care quality. This implies that when bullying is prevalent in the nursing work environment, it is unlikely for the quality of nursing services to reach desirable levels.

Another consequence of bullying, highlighted by the majority of participants, is an increase in care errors and threats to patient safety. In this regard, the findings of a study indicate that bullying can result in various consequences, such as medication errors, treatment errors and patient falls, ultimately leading to higher patient mortality rates (Houck and Colbert 2017). Participants identified silence, poor communication with patients and delayed care as significant threats to patient safety. A study consistent with ours reported that harmful behaviours like bullying serve as the primary barrier to effective communication with patients and pose a clear danger to patient safety (Lee et al. 2022). According to Houck and Colbert's (2017) study, instances of physical violence, threats of violence and emotional abuse contributed to delayed care. As a result, patients ultimately become the victims of bullying (Lee et al. 2022). It is imperative to implement systematic organisational strategies to prevent this phenomenon.

In a qualitative study, participants expressed a different perspective compared to the present study, stating that patients were their top priority and that bullying had no impact on the quality of care they provided (Anusiewicz et al. 2020). However, this finding contradicts the majority of related research, where nurses' experiences of bullying have been shown to have a negative impact on patient care (Houck and Colbert 2017). Therefore, when examining nurses' experiences of workplace bullying, factors such as the severity and duration of exposure to bullying, the identity of the perpetrators and the levels of organisational support should be considered as potential influencing factors.

A bullying work environment can have severe consequences, resulting in a range of physical and mental health disorders among nurses. Research suggests that the psychological and physical effects of bullying may impact up to 75% of its victims (Bambi et al. 2018). Consistent with previous studies (Antoine 2018; Anusiewicz et al. 2020; Lee et al. 2022), psychosomatic responses are recognised as significant consequences of workplace bullying in the nursing profession. Psychosomatic responses refer to physical disorders that arise from emotional or psychological factors. These responses can lead to hospitalisation, prolonged illness duration, extended hospital stays, inadequate response to treatment, increased treatment costs and challenges in accurate diagnosis (Hosseini and Mortazavi 2011). Nurses may experience a range of psychosomatic responses, including physical pain, gastrointestinal disorders, sleep disturbances, fatigue, facial muscle tremors, hand tremors, palpitations, hypersensitivity and the onset of autoimmune diseases. Researchers have documented a strong association between nurses' complaints of various pains, such as headaches, low back pain, joint pain and bullying in their work environment (Antoine 2018; Takaki, Taniguchi, and Hirokawa 2013). Moreover, evidence suggests that employees who experience frequent or occasional bullying are more likely to report sleep disturbances compared to those who are not subjected to harassment or witness bullying incidents (Hansen et al. 2014). Karatuna, Jönsson, and Muhonen (2020) also identified headaches, palpitations, fatigue and sleep disorders as the most prevalent physiological consequences of workplace bullying, which may increase the utilisation of sick leave among bullying victims in comparison to other nurses. It has been established that victims of bullying are more susceptible to chronic illness and have higher BMIs, but it remains unclear whether these factors are a result of bullying or pre-existing risk factors for bullying (Johnson 2009). In order to ensure the well-being of nurses and facilitate their ability to provide optimal patient care, nursing administrators should strive to create a work environment with minimal stress and free from bullying.

The psychological consequences of workplace bullying can be devastating and even worse than the physical consequences (Camerino et al. 2008), ranging from mild stress to various forms of self-harm. Furthermore, the psychological effects of workplace bullying can persist even after a period of 2 years (Ngigi 2019). Among the participants in this study, the most common psychological reactions reported were anger and irritability. Evidence suggests that victims of bullying may experience a sudden loss of mental equilibrium, leading to shock, diminished motivation, anger and even nervous breakdowns (Kamińska et al. 2017). In order to safeguard the mental well-being of nurses, it is crucial to effectively manage and address bullying behaviours in the workplace. Exposure to bullying has been identified as a predictive factor for mental health consequences, such as anxiety and depression, among nurses (Harb, Rayan, and Al.khashashneh 2021). Moreover, a significant association has been found between workplace bullying and the occurrence of depression among individuals with no history of depression (Gullander et al. 2014). Exposure to various forms of negative behaviour, including bullying, can elicit different stress responses (Hogh et al. 2012).

Participants have reported additional consequences of workplace incivility, including reduced self-confidence, tranquillity and feelings of isolation and loneliness. A study conducted on

Spanish nurses revealed that those who experienced higher levels of workplace incivility exhibited lower levels of self-confidence and self-esteem. It was argued that individuals with low self-esteem are more susceptible to becoming victims of uncivil behaviours due to their perceived inability to cope with negative actions (Losa Iglesias, de Bengoa, and Vallejo 2012). The emotional and psychological effects of incivility contribute to a decline in workplace well-being, diminished morale, job dissatisfaction, feelings of isolation, loneliness and, metaphorically, social death (Alswaid 2014; Camerino et al. 2008; Pejic 2005). While the negative effects of workplace incivility are well-documented, it is important to note that there have been reports of positive impacts as well. In a qualitative study, some interviewees described a phenomenon referred to as 'becoming stronger' in relation to workplace incivility; however, this finding does not align with the conclusions of the current study (Tuna and Kahraman 2019).

Participants expressed the belief that workplace incivility has had an impact on their relationships. Research provides evidence that incivility not only affects the victims themselves but also extends to their families. Incidents that occur in the workplace often spill over into the family domain, leading to strained relationships and crises among family members (Tomaszewska, Majchrowicz, and Norek 2022). A similar study discovered a significant and positive correlation between horizontal violence among nurses and mistreatment of their children (Saeidi, Sadeghi, and Alavi 2021). Nurses are bound by professional ethics and regulations that restrict them from expressing their negative emotions or retaliating against uncivil behaviours in the workplace. Consequently, their family relationships bear the burden of the stress and strain originating from the work environment (Najafi et al. 2018). Given the adverse effects of workplace incivility on nurses, organisations must adopt necessary measures to address and alleviate its root causes. To effectively reduce the occurrence of bullying and support those affected or exposed to it, various strategies can be implemented. Organisations should prioritise the establishment of explicit policies and procedures that explicitly target workplace bullying, complemented by efficient reporting mechanisms. Fostering a culture of open communication and encouraging individuals to report incidents of bullying without fear of reprisal is of utmost importance. Furthermore, comprehensive training programs for both managers and nurses, encompassing the recognition, prevention and management of bullying behaviours, can significantly contribute to cultivating a supportive and respectful work environment. Additionally, confidential counselling services and support networks are pivotal in providing essential aid to individuals who have experienced bullying, facilitating their recovery and overall well-being.

This study makes a valuable contribution to the nursing profession by shedding light on nurses' experiences concerning the consequences of workplace bullying. It enhances the knowledge base in the field of nursing and increases awareness among fellow nurses in this domain. The findings of this study can inform nursing policymakers in their efforts to improve the organisational climate and enhance working conditions for nurses. Furthermore, the results of this study provide a foundation for future research on effectively managing workplace bullying behaviours among nurses.

5 | Limitations

This study employed a qualitative approach, which may constrain the generalisability of the findings. Another limitation pertains to the utilisation of purposive sampling, potentially introducing selection bias and rendering the sample non-representative of the entire population. Moreover, the validity of the data could be affected by the application of purposive sampling. Cultural disparities have the potential to shape nurses' encounters and viewpoints concerning workplace bullying, resulting in divergent comprehension and interpretation of bullying behaviours, thus profoundly influencing their experiences and responses to such mistreatment.

6 | Conclusion

Workplace bullying poses a significant global challenge among nurses, leading to detrimental consequences for patients, nurses and organisations. This study highlights the adverse effects of workplace bullying on nurses, encompassing physical, psychological, social and professional dimensions, ultimately compromising patient safety and the quality of care. Moreover, it negatively impacts job performance, productivity, teamwork and communication effectiveness and fosters a hostile work environment. In order to effectively address workplace bullying among nurses, it is crucial for nursing managers to take proactive measures. Managers should prioritise the establishment of a healthy work environment by improving the organisational climate and fostering positive professional relationships. Practical steps such as conducting workshops to enhance nurses' communication skills, conflict resolution strategies and methods to address undesirable behaviours are highly recommended. Furthermore, managers should implement policies and interventions to effectively address instances of bullying, while providing support and assistance to affected employees. Additionally, considering the influence of cultural differences, it is important to develop culturally tailored training programs that align with specific cultural beliefs and values. Further research is also recommended to explore the historical context of bullying and formulate effective prevention strategies.

Author Contributions

S.P., R.J. and A.K. contributed to the study's design. S.P. was responsible for data collection. The data were analysed by S.P., R.J. and A.K. S.P. wrote the final report and manuscript. All authors have reviewed and approved the submitted version.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

Al Muharraq, E. H., O. G. Baker, and S. M. Alallah. 2022. "The Prevalence and the Relationship of Workplace Bullying and Nurses Turnover Intentions: A Cross Sectional Study." *SAGE Open Nursing* 8: 23779608221074655. https://doi.org/10.1177/23779608221074655.

Al Omar, M., M. Salam, and K. Al-Surimi. 2019. "Workplace Bullying and Its Impact on the Quality of Healthcare and Patient Safety." *Human Resources for Health* 17, no. 1: 89. https://doi.org/10.1186/s12960-019-0433-x.

Alizadeh, L., H. Jafari, and F. Araghian Mojarad. 2021. "Antecedents and Consequences of Bullying Among Nurses: A Review Study." *Journal of Multidisciplinary Care* 10, no. 2: 87–92. https://doi.org/10.34172/jmdc.2021.17.

Alswaid, E. 2014. "Workplace Bullying Among Nurses in Saudi Arabia: An Exploratory Qualitative Study." A 152.800 Thesis Presented in Partial Fulfilment of the Requirements of the Degree of Master of Management at Massey University.

Amini, K., H. Miyanaji, and M. Din Mohamadi. 2023. "Bullying and Burnout in Critical Care Nurses: A Cross-Sectional Descriptive Study." *Nursing in Critical Care* 28, no. 2: 202–210.

Amoo, S. A., A. Menlah, I. Garti, and E. O. Appiah. 2021. "Bullying in the Clinical Setting: Lived Experiences of Nursing Students in the Central Region of Ghana." *PLoS One* 16, no. 9: e0257620. https://doi.org/10.1371/journal.pone.0257620.

Antoine, N. 2018. "Consequences of Workplace Bullying on Employees' Health and Organization."

Anusiewicz, C. V., N. V. Ivankova, P. A. Swiger, G. L. Gillespie, P. Li, and P. A. Patrician. 2020. "How Does Workplace Bullying Influence nurses' Abilities to Provide Patient Care? A Nurse Perspective." *Journal of Clinical Nursing* 29, no. 21–22: 4148–4160. https://doi.org/10.1111/jocn.15443.

Arnetz, J. E., L. Neufcourt, S. Sudan, B. B. Arnetz, T. Maiti, and F. Viens. 2020. "Nurse-Reported Bullying and Documented Adverse Patient Events: An Exploratory Study in a US Hospital." *Journal of Nursing Care Quality* 35, no. 3: 206–212.

Attia, A. A. M., R. A. E.-F. Abo Gad, and M. E. Shokir. 2020. "Workplace Bullying and Its Effect on Staff Nurses' Work Engagement." *Tanta Scientific Nursing Journal* 18, no. 1: 83–109. https://doi.org/10.21608/tsnj.2020.107693.

Bambi, S., C. Foà, C. De Felippis, A. Lucchini, A. Guazzini, and L. Rasero. 2018. "Workplace Incivility, Lateral Violence and Bullying Among Nurses. A Review About Their Prevalence and Related Factors." *Acta Biomed* 89, no. 6-s: 51–79. https://doi.org/10.23750/abm.v89i6-S.7461.

Blackstock, S., K. Harlos, M. L. Macleod, and C. L. Hardy. 2015. "The Impact of Organisational Factors on Horizontal Bullying and Turnover Intentions in the Nursing Workplace." *Journal of Nursing Management* 23, no. 8: 1106–1114. https://doi.org/10.1111/jonm.12260.

Camerino, D., M. Estryn-Behar, P. M. Conway, B. I. van Der Heijden, and H. M. Hasselhorn. 2008. "Work-Related Factors and Violence Among Nursing Staff in the European NEXT Study: A Longitudinal Cohort Study." *International Journal of Nursing Studies* 45, no. 1: 35–50. https://doi.org/10.1016/j.ijnurstu.2007.01.013.

Chatziioannidis, I., F. G. Bascialla, P. Chatzivalsama, F. Vouzas, and G. Mitsiakos. 2018. "Prevalence, Causes and Mental Health Impact of Workplace Bullying in the Neonatal Intensive Care Unit Environment." *BMJ Open* 8, no. 2: e018766. https://doi.org/10.1136/bmjopen-2017-018766.

Colaprico, C., D. Grima, D. Shaholli, I. Imperiale, and G. La Torre. 2023. "Workplace Bullying in Italy: A Systematic Review and Meta-Analysis." *La Medicina del Lavoro* 114, no. 6: e2023049. https://doi.org/10.23749/mdl.v114i6.14673.

Condie, S. 2016. "Registered Nurses' Lived Experiences of Peer to Peer Incivility in the Workplace." PhD diss., Widener University.

Doyle, L., C. McCabe, B. Keogh, A. Brady, and M. McCann. 2020. "An Overview of the Qualitative Descriptive Design Within Nursing Research." *Journal of Research in Nursing* 25, no. 5: 443–455.

Duarte, J., and J. Pinto-Gouveia. 2017. "The Role of Psychological Factors in Oncology nurses' Burnout and Compassion Fatigue Symptoms." *European Journal of Oncology Nursing* 28: 114–121. https://doi.org/10.1016/j.ejon.2017.04.002.

Enworo, O. C. 2023. "Application of Guba and Lincoln's Parallel Criteria to Assess Trustworthiness of Qualitative Research on Indigenous Social Protection Systems." *Qualitative Research Journal* 23, no. 4: 372–384. https://doi.org/10.1108/QRJ-08-2022-0116.

Farrell, G. A., C. Bobrowski, and P. Bobrowski. 2006. "Scoping Workplace Aggression in Nursing: Findings From an Australian Study." *Journal of Advanced Nursing* 55, no. 6: 778–787. https://doi.org/10.1111/j.1365-2648.2006.03956.x.

Goh, H. S., S. Hosier, and H. Zhang. 2022. "Prevalence, Antecedents, and Consequences of Workplace Bullying Among Nurses-A Summary of Reviews." *International Journal of Environmental Research and Public Health* 19, no. 14: 8256. https://doi.org/10.3390/ijerph19148256.

Graneheim, U. H., and B. Lundman. 2004. "Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness." *Nurse Education Today* 24, no. 2: 105–112. https://doi.org/10.1016/j.nedt.2003.10.001.

Green, C. 2021. "The Hollow: A Theory on Workplace Bullying in Nursing Practice." *Nursing Forum* 56, no. 2: 433–438. https://doi.org/10.1111/nuf.12539.

Gullander, M., A. Hogh, Å. M. Hansen, et al. 2014. "Exposure to Workplace Bullying and Risk of Depression." *Journal of Occupational and Environmental Medicine* 56, no. 12: 1258–1265. https://doi.org/10.1097/jom.0000000000000339.

Hagopian, E. M., and G. Fernandes de Freitas. 2019. "Moral Harassment in the nurses' Experiences: Phenomenological Perspective." *Journal of Nursing UFPE/Revista de Enfermagem UFPE* 13: e239781.

Hajibabaee, F., S. Mousavi, A. Hosseini, S. Haghani, and S. Bahramali. 2020. "Association of Workplace Bullying and the Quality of Nursing Care in Intensive Care Unit and Emergency Department Nurses." *Iran Journal of Nursing* 33, no. 125: 42–54. https://doi.org/10.29252/ijn.33.125.42.

Hansen, A. M., A. Hogh, A. H. Garde, and R. Persson. 2014. "Workplace Bullying and Sleep Difficulties: A 2-Year Follow-Up Study." *International Archives of Occupational and Environmental Health* 87, no. 3: 285–294. https://doi.org/10.1007/s00420-013-0860-2.

Harb, A., A. Rayan, and O. Z. Al.khashashneh. 2021. "The Relationship Between Workplace Bullying and Positive Mental Health Among Registered Nurses." *Journal of the American Psychiatric Nurses Association* 27, no. 6: 450–457. https://doi.org/10.1177/1078390319877223.

Hartin, P., M. Birks, and D. Lindsay. 2020. "Bullying in Nursing: How Has It Changed Over 4 Decades?" *Journal of Nursing Management* 28, no. 7: 1619–1626. https://doi.org/10.1111/jonm.13117.

Havaei, F., O. L. O. Astivia, and M. MacPhee. 2020. "The Impact of Workplace Violence on Medical-Surgical Nurses' Health Outcome: A Moderated Mediation Model of Work Environment Conditions and Burnout Using Secondary Data." *International Journal of Nursing Studies* 109: 103666.

Hennink, M., and B. N. Kaiser. 2022. "Sample Sizes for Saturation in Qualitative Research: A Systematic Review of Empirical Tests." *Social Science & Medicine* 292: 114523. https://doi.org/10.1016/j.socscimed.2021.114523.

Høgh, A., T. Clausen, L. Bickmann, Å. M. Hansen, P. M. Conway, and M. Baernholdt. 2021. "Consequences of Workplace Bullying for Individuals, Organizations and Society." *Pathways of Job-Related Negative Behaviour* 2: 177–200.

Hogh, A., A. M. Hansen, E. G. Mikkelsen, and R. Persson. 2012. "Exposure to Negative Acts at Work, Psychological Stress Reactions and Physiological Stress Response." *Journal of Psychosomatic Research* 73, no. 1: 47–52. https://doi.org/10.1016/j.jpsychores.2012.04.004.

Hosseini, S. H., and M. Mortazavi. 2011. "Frequency of Referral Rate and Psychiatric Diagnoses in Sari Imam Khomeini Hospital During 2008 and 2009." *Journal of Mazandaran University of Medical Sciences* 20, no. 80: 63–68.

Houck, N. M., and A. M. Colbert. 2017. "Patient Safety and Workplace Bullying: An Integrative Review." *Journal of Nursing Care Quality* 32, no. 2: 164–171. https://doi.org/10.1097/ncq.0000000000000209.

João, A. L., C. Vicente, and A. Portelada. 2022. "Burnout and Its Correlation With Workplace Bullying in Portuguese Nurses." *Journal of Human Behavior in the Social Environment* 33: 1–12.

Johnson, A. H., and M. Benham-Hutchins. 2020. "The Influence of Bullying on Nursing Practice Errors: A Systematic Review." *AORN Journal* 111, no. 2: 199–210. https://doi.org/10.1002/aorn.12923.

Johnson, S. L. 2009. "International Perspectives on Workplace Bullying Among Nurses: A Review." *International Nursing Review* 56, no. 1: 34–40. https://doi.org/10.1111/j.1466-7657.2008.00679.x.

Kamińska, J., A. Gaworska-Krzemińska, H. Grabowska, A. Zimmermann, A. Flis, and J. Olszewska. 2017. "Przyczyny, skutki i formy mobbingu wśród pracowników ochrony zdrowia." *Problemy pielęgniarstwa* 25, no. 4: 270–275.

Karatuna, I., S. Jönsson, and T. Muhonen. 2020. "Workplace Bullying in the Nursing Profession: A Cross-Cultural Scoping Review." *International Journal of Nursing Studies* 111: 103628. https://doi.org/10.1016/j.ijnurstu.2020.103628.

LaGuardia, M., and N. D. Oelke. 2021. "The Impacts of Organizational Culture and Neoliberal Ideology on the Continued Existence of Incivility and Bullying in Healthcare Institutions: A Discussion Paper." *International Journal of Nursing Sciences* 8, no. 3: 361–366. https://doi.org/10.1016/j.ijnss.2021.06.002.

Laschinger, H. K. 2014. "Impact of Workplace Mistreatment on Patient Safety Risk and Nurse-Assessed Patient Outcomes." *Journal of Nursing Administration* 44, no. 5: 284–290. https://doi.org/10.1097/nna.0000000000000068.

Lee, H., Y. M. Ryu, M. Yu, H. Kim, and S. Oh. 2022. "A Qualitative Meta-Synthesis of Studies on Workplace Bullying Among Nurses." *International Journal of Environmental Research and Public Health* 19, no. 21: 14120. https://doi.org/10.3390/ijerph192114120.

Leite, J. A. F., and D. A. D. Silva. 2022. "Moral Harassment: Occurrences in Nursing Work Relationships." *Enfermagem Em Foco* 13: e-202237.

Losa Iglesias, M. E., B. de Bengoa, and R. Vallejo. 2012. "Prevalence of Bullying at Work and Its Association With Self-Esteem Scores in a Spanish Nurse Sample." *Contemporary Nurse* 42, no. 1: 2–10. https://doi.org/10.5172/conu.2012.42.1.2.

Manookian, A., M. Shali, M. Sobhani, M. Sepehrinia, and A. Vaezi. 2019. "Lived Experiences of Nurses of Incivility." *Iranian Journal of Nursing Research* 13, no. 6: 8–15.

Najafi, F., M. Fallahi-Khoshknab, F. Ahmadi, A. Dalvandi, and M. Rahgozar. 2018. "Antecedents and Consequences of Workplace Violence Against Nurses: A Qualitative Study." *Journal of Clinical Nursing* 27, no. 1–2: e116–e128. https://doi.org/10.1111/jocn.13884.

Ngigi, M. W. 2019. "WORKPLACE BULLYING IN NURSING: A Systematic Literature Review."

Pejic, A. R. 2005. "Verbal Abuse: A Problem for Pediatric Nurses." *Pediatric Nursing* 31, no. 4: 271–279.

Peng, J., H. Luo, Q. Ma, et al. 2022. "Association Between Workplace Bullying and nurses' Professional Quality of Life: The Mediating Role of Resilience." *Journal of Nursing Management* 30, no. 6: 1549–1558.

Rosi, I. M., A. Contiguglia, K. R. Millama, and S. Rancati. 2020. "Newly Graduated Nurses' Experiences of Horizontal Violence." *Nursing Ethics* 27, no. 7: 1556–1568. https://doi.org/10.1177/0969733020929063.

Ryu, I. S., and J. Shim. 2021. "The Influence of Burnout on Patient Safety Management Activities of Shift Nurses: The Mediating Effect of Compassion Satisfaction." *International Journal of Environmental Research and Public Health* 18, no. 22: 1–12. https://doi.org/10.3390/ijerph182212210.

Saeidi, H., N. Sadeghi, and A. Alavi. 2021. "The Relationship Between Nurses' Horizontal Violent and the Rate of Child Abuse Against Their Children." *Journal of Health and Care* 23, no. 3: 231–239. https://doi.org/10.52547/jhc.23.3.231.

Schoville, R., and M. Aebersold. 2020. "How Workplace Bullying and Incivility Impacts Patient Safety: A Qualitative Simulation Study Using BSN Students." *Clinical Simulation in Nursing* 45: 16–23. https://doi.org/10.1016/j.ecns.2020.01.003.

Shava, G., S. Hleza, F. Tlou, S. Shonhiwa, and E. Mathonsi. 2021. "Qualitative Content Analysis Utility, Usability and Processes in Educational Research." *International Journal of Research and Innovation in Social Science* 5, no. 7: 553–558.

Shorey, S., and P. Z. E. Wong. 2021. "A Qualitative Systematic Review on Nurses' Experiences of Workplace Bullying and Implications for Nursing Practice." *Journal of Advanced Nursing* 77, no. 11: 4306–4320. https://doi.org/10.1111/jan.14912.

Sousa, L. S., R. M. Oliveira, J. C. D. S. Santiago, et al. 2021. "Predictors of Moral Harassment in Nursing Work in Critical Care Units." *Revista Brasileira de Enfermagem* 74, no. 3: e20200442. https://doi.org/10.1590/0034-7167-2020-0442.

Takaki, J., T. Taniguchi, and K. Hirokawa. 2013. "Associations of Workplace Bullying and Harassment With Pain." *International Journal of Environmental Research and Public Health* 10, no. 10: 4560–4570. https://doi.org/10.3390/ijerph10104560.

Tomaszewska, K., B. Majchrowicz, and K. Norek. 2022. "The Phenomenon of Workplace Bullying Among Nurses." *Journal of Education, Health and Sport* 12, no. 2: 219–231.

Townsend, T. 2012. "Break the Bullying Cycle." *American Nurse Today* 7, no. 1: 12–15.

Trépanier, S. G., C. Peterson, C. Fernet, S. Austin, and P. Desrumaux. 2021. "When Workload Predicts Exposure to Bullying Behaviours in Nurses: The Protective Role of Social Support and Job Recognition." *Journal of Advanced Nursing* 77, no. 7: 3093–3103. https://doi.org/10.1111/jan.14849.

Tuna, R., and B. Kahraman. 2019. "Workplace Bullying: A Qualitative Study on Experiences of Turkish Nurse Managers." *Journal of Nursing Management* 27, no. 6: 1159–1166. https://doi.org/10.1111/jonm.12787.

Wilson, B. L., and C. Phelps. 2013. "Horizontal Hostility: A Threat to Patient Safety." *JONA'S Healthcare Law, Ethics and Regulation* 15, no. 1: 51–59. https://doi.org/10.1097/NHL.0b013e3182861503.

Xia, G., Y. Zhang, L. Dong, et al. 2023. "The Mediating Role of Organizational Commitment Between Workplace Bullying and Turnover Intention Among Clinical Nurses in China: A Cross-Sectional Study." *BMC Nursing* 22, no. 1: 360.

Yosep, I., R. Hikmat, and A. Mardhiyah. 2022. "Types of Nursing Intervention to Reduce Impact of Bullying and Aggression on Nurses in the Workplace." *Healthcare (Basel)* 10, no. 8: 1463. https://doi.org/10.3390/healthcare10081463.